



# **CANDIDATE HANDBOOK**

## **CALIFORNIA DENTAL LICENSURE EXAMINATION**

**2007**

### **DENTAL BOARD OF CALIFORNIA**

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# **PREFACE**

*2007*

## **Welcome to the Dental Board of California Licensure Examination**

**The purpose of this handbook is to familiarize applicants with essential information to take the California dental licensing examination. The Dental Practice Act (DPA) and related regulations are the bases for the Board's examination parameters. The rules and instructions included herein ensure that examinations are conducted in a uniform manner and provide for fairness to all involved. Attendance at the orientation session is mandatory for all candidates in order to allow last minute instructions to be relayed and to permit candidates to ask questions relating to examination procedures.**

**Please note that protection of the public is the primary goal of the Dental Board. Pursuant to the DPA, this examination is conducted in English.**

**The Board, Examiners, and Staff wish you success.**



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## DENTAL LICENSURE EXAMINATION OVERVIEW

### EXAMINATION SUBJECTS:

#### WRITTEN SECTIONS:

CONTENT	FORMAT	TIME ALLOWED
Endodontics	Consists of 50 multiple-choice questions	50 minutes
Removable Prosthodontics	Laboratory Examination. Consists of 50 multiple-choice questions, conducted at laboratory stations using complete dentures, partial dentures and implant treatment cases.	2 1/2 minutes per station 17 stations
Periodontics Diagnosis and treatment of periodontal diseases	Consists of clinical slides and 54 multiple choice questions.	54 minutes 1 minute per slide

#### PRACTICAL SECTIONS:

CONTENT	FORMAT	TIME ALLOWED
Simulated Fixed Prosthetics	Manikin based. Consists of a Three-unit posterior fixed partial denture using a metal ceramic retainer and/or complete metal crown retainer and/or 3/4 crown retainer and a crown preparation on an anterior tooth using a metal ceramic preparation.	4 hours

#### CLINICAL SECTIONS:

CONTENT	FORMAT	TIME ALLOWED
Periodontics Board will assign time.	Patient based. Consists of providing a patient for Examination and Diagnosis and Scaling.	1 hour and 45 minutes for both
Class II Amalgam Candidate's time choice	Patient based. Consists of cavity preparation and finished restoration.	3 hours includes 30 minutes for preparation grading
Class III or IV Composite Candidate's time choice	Patient based. Consists of cavity preparation and finished restoration.	3 hours includes 30 minutes for preparation grading

## **DENTAL LICENSURE EXAMINATION OVERVIEW** continued

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### **SUPPLEMENTAL EXAMINATION**

Examination may not given during the licensure examination.

#### **WRITTEN SECTION:**

CONTENT	FORMAT	TIME ALLOWED
California Dental Law and Ethics. <i>Must be successfully passed prior to licensure</i>	Consists of 50 multiple-choice questions.	50 minutes

# **APPLICANT INFORMATION**

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## **ELIGIBILITY**

Prior to taking the Dental Board of California's Licensure Examination all applicants must:

- Be at least 18 years of age;
- Make application to the Dental Board of California
- Pay an examination fee of \$606, which includes:
  - Application Fee: \$100
  - Examination Fee: 450
  - Fingerprint Fee: 56(Live Scan applicants pay fee at time of service)
- Provide satisfactory evidence of having graduated from a dental school approved by the Board;
- Provide satisfactory evidence of having passed Part I and II of the National Board Written Examinations;
- Provide two classifiable set of fingerprints on forms provided by the Board;
- Provide satisfactory evidence of financial responsibility or liability insurance for injuries sustained or claimed to be sustained by a dental patient during the course of the examination;
- Provide satisfactory evidence of having passed the California Restorative Technique (RT) examination if graduated from an approved non-accredited dental school.

## **APPLICATION FILING PROCESS**

Applicants must complete either an initial application form "Application for Examination for Licensure to Practice Dentistry" or a re-examination application form "Application for Re-examination" and related documents. Graduated of non-accredited dental schools who have already passed the California Restorative Technique (RT) examination should apply on the "Initial Application for Examination for Licensure to Practice Dentistry After Successful completion of the Restorative Technique Examination" form. The following documents are necessary to apply or reapply for the examination and can be found in the accompanying Application Packet:

### **Documents Required to Apply for Examination**

- ☐ Initial Application Form
- ☐ Fingerprint Cards or Live Scan Form
- ☐ Certificate of Liability Insurance Form
- ☐ Out-of-State/Country Licensure Certification Form
- ☐ National Board Written Exams (Part I and II)

## **APPLICANT INFORMATION** continued

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### **Documents Required to Apply for Re-examination**

- ☐ Re-examination Application Form
- ☐ Certificate of Liability Insurance Form

### **Documents Required to Apply After Successful Completion of the RT Exam**

- ☐ Initial Application Form
- ☐ Certificate of Liability Insurance Form

Applications for the licensure examination must be complete and received at the Board office during the examination filing period. The examination filing periods are listed on the examination schedule. The schedule is usually established in November or December for the following year.

Completed applications shall be filed with the board not later than 45 days prior to the beginning of the examination for which the application is made. An application shall not be deemed incomplete for failure to establish compliance with the educational requirements if the application is accompanied by a certification from an approved school that the application is expected to graduate. Certification of actual graduation must be filed to enable the board to determine eligibility.

## **APPLICANT'S ADDRESS**

All mail from the Board will be sent to the mailing address indicated on the application. If an applicant changes his or her address or wishes information be sent to another address, he or she must notify the Board, in writing, of the change. Failure to notify the Board of a change of address may prevent the applicant from receiving notice of his or her examination schedule and other relevant information.

## **CRIMINAL BACKGROUND CHECK**

For consumer protection, California law requires all applicants to undergo a criminal record background check; therefore, all applicants must submit a fingerprint processing fee of \$56.00. The amount is subject to change by California Department of Justice (DOJ) and the Federal Bureau of Investigations (FBI). Until further notice, all applicants may submit their fingerprints by either using the Live Scan system or submitting their fingerprint cards.

Graduates of non-accredited dental schools who have recently passed the Restorative Technique (RT) Examination are not required to resubmit fingerprint cards and fees for fingerprint processing.

Board regulations require two "classifiable" set of fingerprints on forms provided by the Board to complete the application for examination. Fingerprints may be submitted via Live Scan or standard FBI fingerprint cards. Classifiable means that the prints can be "read" by the California Department of Justice (DOJ) and the Federal Bureau of Investigations (FBI).



## **APPLICANT INFORMATION** continued

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Fingerprints are more likely to be classifiable if they are taken by a large local law enforcement agency such as a police or sheriff department.

**The Board permits candidates to participate in the examination pending fingerprint clearance; however, a dental license, if applicable, will not be issued until clearance has been received from the appropriate agencies.**

### **CONVICTIONS**

Applicants must report all convictions including infractions, misdemeanors and felonies, with the exception of a conviction for an infraction resulting in a fine of less than \$300. Applicants must report a conviction(s) even if he or she pled nolo contendere (no contest) or received a subsequent order expunging the conviction under the section 1203.4 of the Penal Code.

**Applicants who have previous convictions or please that answer “no” to the question may have their applications denied for knowingly making false statements on the applications** pursuant to section 480 (c) of the Business and Professions (B & P) Code.

### **RADIATION SAFETY**

In the State of California, the only persons legally entitled to operate dental radiographic equipment are:

- ◆ Persons who passed the Board's Radiation Safety examination prior to January 1, 1985.
- ◆ Persons who graduated after January 1, 1980 from a dental school which is accredited by the Commission on Dental Accreditation.
- ◆ Persons who have passed any other Board approved course in Radiation Safety.

Dentist need to complete a Radiation Safety course if they:

- ◆ Graduated from a dental school not accredited by the Commission on Dental Accreditation,
- ◆ Graduated from any dental school prior to January 1, 1980, or
- ◆ Do not hold a Radiation Safety Certificate.

### **SOCIAL SECURITY REQUIREMENT**

Pursuant to Business and Professions (B & P) Code Section 30, the Board is **not** permitted to process any license application or renewal unless the applicant provides his or her social security number or federal employer identification number on the application.

## APPLICANT INFORMATION continued

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### REQUEST FOR SPECIAL ACCOMMODATIONS

Applicants with special physical or medical conditions that require exceptions to the routine conduct of the examination must present documentary evidence of the condition to the Board office as provided by a qualified physician or other health care professional. Contact the Board office by phone, fax (916) 274-5970 or email [db\\_examinations@dca.ca.gov](mailto:db_examinations@dca.ca.gov) to request the Special Accommodations form. To receive special consideration, the form and the documented evidence must be submitted to the Board at least 30 days prior to the examination.

### PATIENT LIABILITY INSURANCE

All applicants are required to furnish satisfactory evidence of financial responsibility or liability insurance for injuries sustained or claimed to be sustained by a dental patient in the course of the examination as a result of the applicant's actions. Satisfactory evidence of liability insurance must be filed with the examination application.

Satisfactory evidence of financial responsibility or liability insurance is defined as follows:

1. Liability insurance shall be deemed satisfactory if it is either occurrence-type or claims-made type liability insurance with a minimum of a five year reporting endorsement. The policy must be issued by an insurance carrier authorized by the Insurance Commissioner to transact business in this state, in the amount of \$100,000 for a single occurrence and \$300,000 for multiple occurrences. The insurance must cover injuries sustained or claimed to be sustained by a dental patient in the course of the licensing examination as a result of the applicant's actions. Completion of the Board's Certificate of Insurance Form shall be accepted as evidence of such liability insurance. The applicant's insurance company must complete and place its company seal on the form entitled **Certificate of Insurance** which is included in the application packet.

If the insurance company does not have a seal or stamp, a letter verifying coverage must be submitted to the Board office and must be written on the insurance company's letterhead stationery. The letter must contain the name of the insured, policy number, policy effective and expiration dates, and a specific statement that coverage is provided for the California State Board licensing examination.

- OR -

2. Satisfactory evidence of financial responsibility means posting with the Board a \$300,000 surety bond.

# EXAMINATION INFORMATION

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## EXAMINATION FACILITIES

Examination candidates are encouraged to acquaint themselves with the dental school they select as the licensure examination site prior to the start of the examination. Accommodations, facilities, equipment and other requirements vary by dental school. Arrangements have been made by the Board with the various schools to permit candidates to visit the school of choice two days immediately preceding the examination. Candidates must limit their visit to the days and times approved by the dental schools.

Examinations may be held at any of the following dental schools:

University of Southern California  
School of Dentistry  
925 West 34<sup>th</sup> Street  
Los Angeles, CA 90089  
Contact: Marshall Miller  
(213) 740-3564

Loma Linda University  
School of Dentistry  
11092 Anderson Street  
Loma Linda, CA 92350  
Contact: Mary Hartwell  
(909) 558-4939

University of the Pacific  
Arthur A. Dugoni School of Dentistry  
2155 Webster Street  
San Francisco, CA 94115  
Contact: Doris Bailey  
(415) 929-6445

University of California, Los Angeles  
School of Dentistry  
10833 Le Conte Avenue  
Los Angeles, CA 90024  
Contact: Joel Latimer  
(310)\_825-7174

University of California, San Francisco  
School of Dentistry  
707 Parnassus Avenue  
San Francisco, CA 94143  
Contact: David Gonzales  
(415) 476-1778

At most examination locations, hotel or motel accommodations are not available directly adjacent to the campus.

## EXAMINATION FREQUENCY

The examination may be given two (2) to five (5) times a year. Examinations may be administered in the Spring, Summer or Fall, as needed.

## **EXAMINATION INFORMATION** continued

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### **SUMMARY OF EXAMINATION SUBJECTS**

#### **ENDODONTICS**

The written endodontics diagnosis and treatment planning examination test the candidate's ability to diagnose, treatment plan, interpret radiographs and critically evaluate treatment strategies for pulpal and periapical pathoses as well as systemic conditions. The examination is comprised of 50 multiple-choice questions. The percentage of correct answers is the final grade for the endodontics section of the examination.

#### **REMOVABLE PROSTHODONTICS**

The written removable prosthodontics evaluation examination is conducted in a laboratory setting. It tests the candidate's knowledge, understanding and judgment in the diagnosis and treatment of complete dentures, partial dentures and implants. Candidates evaluate cases in a laboratory station-based examination providing answers to 50 multiple-choice questions. The percentage of correct answers is the final grade for this section of the examination.

#### **PERIODONTICS**

The periodontal examination consists of three (3) parts: a clinical examination and diagnosis; scaling of a patient and a written examination comprised of 54 multiple-choice questions based upon projected slides. The results of the written diagnosis section will be combined with the results of the clinical periodontal sections of the examination.

During the clinical portion of the examination, the diagnosis will be done on the quadrant selected by the examiner at the time of patient acceptance. Scaling will be done on the quadrant(s) the candidate selects for scaling and is approved by the examiner at the time of patient acceptance. The term "scaling" includes the complete removal of explorer-detectable calculus, soft deposits, plaque and the smoothing of the unattached tooth surfaces. Unattached tooth surface means the portion of the crown and root surface to which not tissue is attached. The Dental Board has decided at its discretion that the use of an ultrasonic or other mechanical scaling device will be permitted, providing that a dental assistant is used at the chair side and high speed evacuation is being done at all time when the ultrasonic or other mechanical scaling device is being used.

Chemical or products used to soften calculus are prohibited.

**All charting for the periodontal portion of the examination must be completed in ink on the form provided by the Board and must be completed during the examination.**

One patient shall be provided by the candidate for both (a) the clinical periodontal examination and diagnosis and (b) scaling portions of the examination. If a patient is deemed unacceptable by the examiners, it is the candidate's responsibility to provide another patient who is acceptable. Radiographs will be returned to the candidate at the conclusion of this portion of the examination.

## EXAMINATION INFORMATION continued

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Definitions for the diagnosis part of the periodontal examination may be found in the appendix.

### PATIENT REQUIREMENTS

All patients must meet the general patient requirements described in **General Procedures, Patients**.

### PERIODONTAL

Specific patient requirements for the clinical periodontal examination are as follows:

1. Patient must have a minimum of 20 natural teeth, four of which must be molar teeth.
2. In order for any quadrant(s) to be approved for scaling, and/or for examination and diagnosis, it must have the following:
  - a. At least 6 natural teeth;
  - b. At least one molar, on bicuspid and one anterior tooth which are free of conditions which would interfere with evaluation, including but not limited to gross decay, faulty restorations, orthodontic bands, overhanging margins or temporary restorations with subgingival margins. Crown with smooth margins are acceptable. For the purposes of grading the clinical portion of the periodontal examination, third molars are ignored *except* when the third molar is the only molar in the quadrant or when it counts as the sixth tooth in the quadrant.
  - c. Interproximal probing depths of 3 to 6 millimeters, at least some of which must exceed 3 millimeters. A deviation of one millimeter from the above range is permissible.
3. The scaling quadrant must have explorer-detectable moderate to heavy interproximal subgingival calculus present on at least 50 percent of the teeth. Calculus must be radiographically evident.

If a candidate is unable to find a patient with one scaling quadrant meeting the above requirements, the candidate may provide a patient in which those requirements can be found somewhere in two quadrants on the same side of the mouth rather than in one quadrant. However, a candidate who presents such a patient shall be required to scale all teeth in both quadrants in the same time allotted for scaling one quadrant. In the interest of patient comfort, **after** patient acceptance by the examiners, anesthesia may be administered in both the quadrant to be scaled and the diagnosis quadrant.

### CLASS II AMALGAM

Specific patient requirements for the amalgam restoration are as follows:

Each candidate shall complete to the satisfaction of the Board one Class II amalgam restoration in a vital posterior tooth excluding the mandibular first bicuspid. The tooth involved in the restoration must have proximal caries which penetrates the dento-enamel junction and must be in occlusion, but the area of the tooth to be restored does not necessarily have to be in occlusion; the proximal caries must be in contact with an adjacent tooth.

## EXAMINATION INFORMATION continued

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### CLASS II AMALGAM continued

The tooth selected may have one existing single-surface restoration or sealant on the occlusal, buccal or lingual surfaces. The vital tooth must be asymptomatic and there must be no fistula or radiographic evidence of pulpal or apical pathology.

An amalgam restoration may occlude with natural teeth, a metal, porcelain or composite restoration or partial, treatment partial or full denture. A temporary crown or temporary filling is not an acceptable opposing tooth. Interproximal contact can be natural teeth, a metal, porcelain or composite restoration or a well formed temporary crown.

Each candidate shall provide satisfactory periapical and bite-wing radiographs of the tooth to be treated. All radiographs shall have been taken not more than six (6) months prior to the examination at which they are presented and must depict the current condition of the patient's mouth. Only original radiographs shall be accepted for examination purposes. Radiographs will be retained by the Board. *Digital radiographs are not acceptable.*

### ***LESION APPROVAL AND USE OF CLINICAL FLOOR EXAMINER (CFE)***

Upon approval by the Board, the examiner denotes whether the lesion is small, medium or large. Realizing that many lesions are not ideal, the Board follows procedures to ensure that grading is done based on the lesion presented by the candidate.

Candidates who need to extend their preparation beyond ideal extensions or depth due to decay, decalcification or any other condition need prior written authorization from a Clinical Floor Examiner (CFE).

If after receiving the necessary extensions, candidates wishing to place a base must have removed all decay in the area of the proposed base placement before requesting the Clinical Floor Examiner's (CFE) approval to place the base. It is the candidate's responsibility to determine if pulpal protection is necessary. If a candidate wishes to place a liner into a cavity preparation, it requires prior approval from a Clinical Floor Examiner (CFE). Cavity varnish is to be used only after the preparation has been graded.

### ***PATHOLOGIC EXPOSURE***

In the case of a pathologic exposure, caries extending into the pulp as documented by extension requests, the preparation and finish will be graded.

### ***MECHANICAL EXPOSURE***

In the case of a mechanical exposure, completion of the clinical procedure will not be allowed and the preparation and finish **will be given a grade of zero (0). The patient will be advised of the exposure and given counsel as to subsequent care.**

## **EXAMINATION INFORMATION** continued

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### ***RUBBER DAM REQUIREMENT***

A rubber dam must be used during the preparation of an amalgam. The dam may not be placed until after the start time of the examination, but local anesthesia may be administered once the tooth and surface have been approved and after the CFE has approved the local anesthetic. The preparation shall be presented for grading **with** a rubber dam in place. Finished amalgam restorations will be graded **without** the rubber dam in place.

### **CLASS III OR IV COMPOSITE RESIN**

Specific patient requirements for the clinical composite restoration are as follows:

Each candidate shall complete to the satisfaction of the Board one Class III or IV composite resin cavity preparation of a permanent incisor or canine. The tooth to be restored with a Class III or IV restoration must have proximal caries which penetrates the dento-enamel junction and the caries must be in contact with an adjacent tooth.

Interproximal contact can be a natural tooth or a metal, porcelain or composite restoration.

### ***LESION APPROVAL AND USE OF CLINICAL FLOOR EXAMINER (CFE)***

Upon approval by the Board, the examiner denotes whether the lesion is small, medium or large. Realizing that many lesions are not ideal, the Board follows procedures to ensure that grading is done based on the lesion presented by the candidate.

Candidates who need to extend their preparation beyond ½ mm. into dentin due to decay, decalcification or any other condition, need prior written authorization from a CFE. Initial opening into the approved tooth must be within this ½ mm. dimension regardless of the size of the approved lesion. Additional axial and other extensions must receive approval by the CFE before extending.

If after receiving the necessary extensions, candidates wishing to place a base must have removed all decay in the area of the proposed base placement before the CFE's approval to place the base. It is the candidate's responsibility to determine if pulpal protection is necessary.

### ***PATHOLOGIC EXPOSURE***

In the case of a pathologic exposure, caries extending into the pulp as documented by extension requests, the preparation and finish will be graded.

### ***MECHANICAL EXPOSURE***

In the case of a mechanical exposure, completion of the clinical procedure will not be allowed and the preparation and finish **will be given a grade of zero (0). The patient will be advised of the exposure and given counsel as to subsequent care.**

## EXAMINATION INFORMATION *continued*

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### ***RUBBER DAM REQUIREMENT***

A rubber dam must be used during the preparation of a composite. The dam may not be placed until after the start time of the examination, but local anesthesia may be administered once the tooth and surface have been approved and after the CFE has approved the local anesthetic. The preparation shall be present for grading **with** a rubber dam in place. Finished composite restorations will be graded **without** the rubber dam in place.

### **SIMULATED FIXED PROSTHETICS**

Each candidate must complete to the satisfaction of the Board two (2) abutment tooth preparations to retain a three (3) unit posterior fixed partial denture and a crown preparation on an anterior tooth. The two abutment preparations of the three (3) unit posterior fixed partial denture will be for a metal ceramic retainer and/or a complete metal crown retainer and/or a three quarter (3/4) crown retainer. The preparation on an anterior tooth will be for a metal-ceramic crown. Assignment of the preparations will be made at the start of the prosthetics examination. At this time wax will be provided to fill in the socket of the tooth and/or teeth removed to create the edentulous space.

Each candidate must provide an articulated typodont with female attachment in the upper member which fits the Frasaco Phantom Head, which has 32 synthetic teeth and soft rubber gingivae. The typodont must be an articulated Columbia Dentoform, Numbers 560, 660, SM-PVR-860, SM-PVR-1360 or SM-PVR-1560 or a Kilgore typodont, D-95S-200 series or a typodont which is equivalent to the listed typodonts in all respects. The upper and lower jaws must include a metal pole mount articulation. Prior to the exam, at the Candidate Orientation candidates are informed about which teeth must be removed from the typodont. Each candidate should plan on arriving at the Simulation Lab examination with the appropriate teeth removed and the typodont well-equilibrated.

The typodont is to be mounted in a manikin. The midline of the typodont must remain lined up with the midline of the manikin during the examination. The manikin must be mounted in a simulated patient position and kept in a correct operating position while the examination procedures are performed. The manikin will be provided at the exam site and will be mounted either to a dental chair with a headrest bar or mounted on a simulator. The type of manikin mounted on a dental chair will be a Columbia Aluminum head with metal cheeks, model number AH-1C or its equivalent. The type of manikin mounted on a simulator will be a Frasaco Phantom Head P-5 with face mask or its equivalent.

At Loma Linda and UCSF the manikin will be mounted on a dental chair with a headrest bar. The metal pole mount articulator provided with the typodont will fit these manikins.

At USC, UCLA and UOP the manikin is part of a simulator. A modified Columbia Dentoform or Kilgore articulated typodont is necessary at these three (3) sites. These modified typodonts have a female attachment in the upper jaw which fits the Frasaco Phantom Head (manikin). Additionally, a 2 5/8" adapter rod (or a bolt) is necessary in the pole mount articulator. Only straight rods are acceptable. No curved rods will be allowed. A smaller flathead attachment screw knob is needed to provide clearance.



## EXAMINATION INFORMATION continued

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### SIMULATED FIXED PROSTHETICS continued

All typodonts must be equilibrated to centric occlusion prior to starting the assigned preparations. A minimum of four (4) posterior teeth on each side of the typodont must be in centric occlusal contact. The typodont equilibration must be approved by the Laboratory Floor Examiner (LFE) before starting the assigned preparations. There will be no time extensions for the typodont equilibration.

At no time during the examination may the head plate and the cheeks be separated. This is grounds for dismissal.

At the conclusion of the examination, candidates will be required to stop all work, stand and exit from the examination area. Typodonts are not to be removed from the manikins by candidates. If a candidate completes the procedures before the end of the examination, the candidate should advise an LFE or staff, who will remove the typodont. **Only an LFE or staff may remove the typodont from the manikin. A grade of zero (0) will be given if the candidate does not follow the rules and removes the typodont from the manikin head.**

Minimum equipment to be supplied with the dental chair or simulator at the exam site will be:

- ◆ Dental operatory light
- ◆ High-speed air handpiece hose with air space
- ◆ Low-speed air handpiece hose
- ◆ Air-water syringe
- ◆ Evacuation system

Candidates must wear masks, gloves and eye protection during this section of the examination. Due to varying capacities of the evacuation systems at examination sites all preparations will be completed using **air only**. The air-water dental syringe can be used to cleanse the preparation. Candidates may use measuring devices including perio-probes.

**The possession of extra typodonts, extra loose teeth or templates of preparations in the examination area is not permitted and is cause for dismissal.**

## EXAMINATION INFORMATION continued

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### EXAMINATION SCORING SYSTEM

Examination procedures performed by licensure examination candidates are scored by the Board's examiners utilizing a 0 – 5 number scale. The numbers are then converted into the following scores:

#### PASSING SCORE

5 = 95%

4 = 85%

3 = 75%

#### FAILING SCORE

2 = 65%

1 = 55%

0 = 0%

The final overall examination scores are determined by adding the scores obtain in each of the following six (6) sections and dividing the total by six (6).

**Endodontics:** percentage of correct answers is the final score for this section.

**Removable Prosthodontics:** percentage of correct answers is the final score for this section.

**Periodontal:** the diagnosis and scaling portions of the examination are graded separately and each counts for one-third of the overall score. The scores for these two (2) procedures are added to the written portion, percentage of correct answers, which also counts for one-third of the overall score. The average of the three (3) scores is the final score for this section.

**Class II Amalgam:** the cavity preparation counts for 60% of the overall score and the finished restoration counts for 40% of the overall score.

**Class III or IV Composite Resin:** the cavity preparation and the finish restoration each count as 50% of the overall score.

**Simulated Fixed Prosthetics:** the three (3) unit posterior fixed partial denture counts for 60% of the overall score and the anterior tooth preparation counts for 40% of the overall score.

Candidates for licensure will have passed the examination if they obtain an overall average score for the six (6) examination sections of at least 75% and a score of 75% or more in at least four (4) examination sections, **except** that licensure applicants will not pass the examination if they receive a score of less than 75% in more than one clinical (Perio, Composite or Amalgam) section of the examination.

### EXAMINATION RESULTS

Examination results will be mailed approximately thirty (30) days after the examination to each candidate at his or her mailing address. If an examination candidate has an address change or would like the results to be sent to another mailing address, the address change must be submitted in writing. **Do not call the Board office for examination results.** For confidentiality reasons, examination results cannot be provided over the telephone.

## EXAMINATION INFORMATION continued

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### EXAMINATION SCORING SYSTEM continued

#### EXEMPTIONS

Any candidate who failed to pass the licensure examination, but who received a grade of 85% or above in any examination section is exempt from reexamination in that section in subsequent examinations for a period of two (2) years after the examination in which the candidate received the exemption. Exemption requests need to be filed on a form provided by the Board.

#### THREE (3) ATTEMPTS

Any candidate who fails to pass a clinical examination **after three (3) attempts** is no longer eligible for further examination until he or she successfully completes a minimum of 50 hours of education for each subject failed on the last unsuccessful examination. The course work shall be taken at a dental school approved by the Commission on Dental Accreditation and must be completed within one (1) year of reexamination. The course work shall be required once for every three (3) unsuccessful examination attempts.

When the candidate applies for reexamination, he or she must furnish satisfactory proof to the Board that he or she successfully completed the remedial education requirements for reexamination.

#### APPEALS

Under regulations adopted by the Dental Board of California, any of the following conditions may be grounds for appealing unsuccessful examination results:

- ♦ **A significant procedural error in the examination process.**
- ♦ **Evidence of substantial disadvantage**
- ♦ **Evidence of adverse discrimination.**

Appeals must be made in writing to the Board and specify the grounds upon which the appeal is based. Appeals must be made within 60 days of receipt of grade sheets. Appeals must not include any personal identifying information in the text of the appeal. Include a cover letter with the appeal with your personal information for staff use. **No models, x-rays or other material will be accepted for reevaluation.**

## EXAMINATION INFORMATION continued

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### SUPPLEMENTAL EXAMINATIONS

#### CALIFORNIA LAW AND ETHICS

Each candidate must successfully complete the supplemental written examination in California Law and Ethics. The examination on California Law and Ethics is based on knowledge of California law as it relates to the practice of dentistry and the knowledge of the Code of Ethics as published by the dental professional associations. The California Dental Practice act is available on the Dental Board web site at [www.dbc.ca.gov](http://www.dbc.ca.gov). Copies of the Code of Ethics may be obtained by contacting either the American Dental Association or the California Dental Association. The examination is given separately from the licensure examination. Applicants for licensure must obtain a grade of 75% or more on the examination to successfully pass. The examination must have been passed within two (2) years of applying for licensure.

### GENERAL PROCEDURES

The following rules are in addition to any other examination rules set forth elsewhere in this guide and are adopted for the uniform conduct of the clinical dental licensure examination. The ability to read and interpret instructions and examination materials is part of the examination.

#### PATIENTS

Candidates are responsible for providing their own patients. Dental schools are not permitted to provide patients or to assist in obtaining patients. If a patient is deemed unacceptable by the examiners, it is the candidate's responsibility to provide another patient who is acceptable.

Patients must complete the medical history form and disclosure statement provided by the Board for each procedure. If a patient is used for more than one procedure a medical history and disclosure statement must be completed for each procedure. The forms may be copied. All information provided on the forms must be in original ink. For patients under the age of 18, the patient must have permanent dentition. The parental consent, disclosure form and the medical history form must contain the **original signature** of a parent or legal guardian. The parent or guardian must be present at the exam site during the procedure.

Candidates are responsible for providing only those patients whose health condition is acceptable for dental treatment. If conditions indicate a need to consult the patient's physician or for the patient to be pre-medicated (e.g. high blood pressure, heart murmur, rheumatic fever, heart condition, prosthesis), the candidate must obtain the necessary written medical clearance and/or evidence of pre-medication before the patient will be accepted. Board examiners may reject a patient who, in the opinion of at least two (2) examiners, is deemed unsuitable to sit for the examination or has a condition which interferes with evaluation or which may be hazardous to the patient, other patients, candidates or examiners. A hazardous condition includes but is not limited to acute symptomatic hepatitis, active herpetic lesions, acute periodontal or periapical abscesses or necrotizing ulcerative gingivitis.

## EXAMINATION INFORMATION *continued*

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### CHECK-IN

Prior to beginning any procedure, the tooth or quadrant selected must first be approved in writing by the Grading Examiners. This check is made without a rubber dam.

A patient may be rejected when, in the opinion of at least two (2) examiners, the proposed treatment demonstrates improper patient management, including but not necessarily limited to inadequate pathology, inappropriate tooth or quadrant, a contraindicating medical condition of the patient, grossly pathologic or unhygienic oral conditions such as extremely heavy calculus deposits, other pathology related to the tooth to be treated, or selection of a restoration that is not suited to the patient's biological or cosmetic requirements. Whenever a patient is rejected, the reason for such rejection shall be written on the control sheet and signed by both rejecting examiners.

### DENTAL ASSISTANTS

Only the services of a Dental Assistant (DA) or a Registered Dental Assistant (RDA) are permitted to assist the candidate during the clinical phase of the examination. **Completed *Dental Assistant Verification* forms must be turned in during the initial patient check-in.** Only one form per day is required for each assistant utilized.

Candidates are required to furnish their own Dental Assistants. It is the responsibility of the candidate to ensure that only the services of a Dental Assistant (DA) or Registered Dental Assistant (RDA) are used during the clinical portion of the examination. **Utilizing the services of the following dental categories will not be permitted at any time during the examination:**

- ◆ **Dentist**
- ◆ **Dental Student or Graduate**, enrolled in accredited or non-accredited programs.
- ◆ **Registered Dental Hygienist**
- ◆ **Registered Dental Hygienist in Extended Functions**
- ◆ **Registered Dental Hygienist in Alternative Practice**
- ◆ **Registered Dental Hygiene Student, or**
- ◆ **Registered Dental Assistant in Extended Functions, graduate or student, licensed or not.**

The candidate must sign a completed Dental Assistant Verification form for each assistant utilized during the day. This form declares under penalty of perjury that the assistant does not fall in one of the above categories.

Dental Assistants are **prohibited** from helping the candidate with any clinical decisions other than reminding the candidate of time constraints. Any assistant observed "coaching" a candidate through a procedure will be expelled from the examination and may be barred from subsequent examinations. A candidate observed taking professional instruction from an assistant may also be subject to dismissal. It is critical that Dental Assistants refrain from making comments to the candidate about training and techniques they may have observed

## EXAMINATION INFORMATION continued

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performed by other candidates. What may appear to be a potential error could actually be a completely acceptable variation of the process.

Dental Assistants are not to be involved in conversations between the candidate and the Clinical Floor Examiner (CFE) even though a language or communication problem may exist. If Dental Assistants believe a problem still exists, they may speak with the CFE out of the candidate's hearing. In any event, Dental Assistants must accept that the CFE decision is final.

### EQUIPMENT

Candidates are required to furnish their own instruments, handpieces, typodonts and materials necessary to carry their assignments to completion. Operatory lights, dental delivery units and chairs or simulators will be provided by the Board. Rental equipment is a voluntary accommodation provided at **some** dental schools. Candidates must make their own arrangements for rental equipment. The schools may charge fees for supplies or equipment at their discretion. **The Board is not responsible for any equipment rented by the candidate from the school or any other source. It is suggested that candidates contact the exam site well in advance to become familiar with their facilities.**

If the candidate experiences a malfunction with equipment that is the Board's responsibility, the candidate is to contact the Clinical Floor Examiner (CFE) or Laboratory Floor Examiner (LFE). The examiner will verify the problem with the school's maintenance staff and decides if a time extension is warranted. If a time extension is granted, it will be noted on the control sheet by the CFE or LFE. **No time extensions will be granted if a malfunction occurs with any equipment that is owned, borrowed or rented by the candidate.**

### EXAMINATION ADMITTANCE

No person will be admitted to the examination areas (written room, clinic or laboratory) unless he or she is wearing the appropriate identification badge. This applies to candidates, patients and dental assistants. Communications from family or others with candidates is not possible during the examination.

### EXAMINATION ASSIGNMENT

An examination assignment which has been made by the Board may not be changed by the candidate without the specific approval of the Board.

## EXAMINATION INFORMATION continued

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### USE OF LOCAL ANESTHETICS

Local anesthetics cannot be administered to any patient until that patient has been approved by an examiner. Anesthetic carpules for the periodontal portion of the examination are approved when the patient is accepted. The anesthetics for the composite and amalgam portions of the examination are approved by the CFE after the tooth and surfaces have been approved. **Anesthetics used must be FDA approved and will be checked for expiration dates.** If more than two carpules are needed for a patient anytime during the examination, additional approval must first be obtained from the CFE. The type and amount of anesthetics are subject to the examiner's discretion depending on the patient's health and other factors.

### INFECTION CONTROL

**All instruments and handpieces used during the clinical portion of the examination must be sterilized.**

Candidates are responsible for maintaining all of the standards of Infection Control while treating patients. This includes the appropriate sterilization and disinfection of the cubicle, instruments and handpieces, as well as, the use of barrier techniques (including glasses, mask, gloves, proper attire, etc.) to maintain the standards of OSHA, The California State Board regulations and the requirements of the dental school at which the examination is being given.

### NEEDLE STICK PROTOCOL

The Board adopted a needle stick protocol which is to be followed by all candidates. The protocol, entitled ***Protocol on Tissue Wounds***, is included in the scheduling packet. Basically, all needle sticks, punctures and cuts occurring during the course of treating patients or while cleaning instruments should be treated as potentially infectious.

Candidates are not to make judgments concerning the seriousness of any injury. Immediately administer first aid treatments by squeezing (bleeding) the wound, cleansing by running tap water over the wound and disinfecting the wound with chlorhexidine, povidone iodine or other antiseptic.

Report immediately any injury involving patients, assistants or self to the CFE. The CFE will assist candidates in reporting the exposure and completing the ***Incident/Accident Exposure Form*** which is included in the scheduling packet.

It is the candidates' responsibility to report the exposure to the injured parties' respective health care providers as soon as possible, but not later than 24 hours after the incident, so that the injured party's condition is assessed. Health care providers will advise what actions need to be taken and may provide counseling, testing and treatment, if indicated. Candidates are responsible for any costs incurred from such exposures.

## EXAMINATION INFORMATION continued

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### CAUSES FOR EXAMINATION FAILURE

A candidate may be declared by the Board to have failed the clinical licensure examination for cheating, submitting an altered x-ray or for demonstrations of gross incompetence in treating a patient.

### GROUND FOR DISMISSAL

A candidate may be **dismissed from the entire examination** for acts that interfere with the Board's objective of evaluating profession competence. **These acts may be cause for a legal action being filed against the candidate by the California Attorney General's Office.** Such acts include, but are not limited to the following:

### CLINICAL DENTAL LICENSURE EXAMINATION

**Causes for dismissal** which may occur during the clinical portion of the Licensure examination include, but are not limited to the following:

- ❖ Allowing another person to take the examination in the place of or under the identify of the candidate.
- ❖ Presenting purported carious lesions that are artificially created **whether or not the candidate created the defect.**
- ❖ Presenting radiographs which have been altered or contrived to represent other than the patient's true condition, **whether or not the misleading radiograph was created by the candidate.**
- ❖ Bringing any **periodontal charting information**, notes, textbooks, unauthorized models or other informative data into the clinic.
- ❖ Assisting another candidate during the examination process.
- ❖ Failing to comply with the Board's, CalOSHA or the schools Infection Control regulations or protocols.
- ❖ Failing to use an aspirating syringe for administering local anesthesia.
- ❖ Taking clinical instruction from a dental assistant and/or other source.
- ❖ Utilizing the services of any dentist (licensed or not), dental school graduate, dental school student, registered dental hygienist, registered dental hygienist in extended functions, registered dental hygienist in alternative practice, dental hygiene graduate, dental hygiene student or registered dental assistant in extended functions, or student or graduate of a registered dental assist in extended functions program.
- ❖ Treating a patient or causing a patient to receive treatment outside the designated examination settings and time frames.
- ❖ Pre-medicating a patient for purposes of sedation.
- ❖ Dismissing a patient without the approval and signature of an examiner.
- ❖ Utilizing a recording device (audio or video) on the clinic floor or other examination area including a **cellular phone with camera.**



## EXAMINATION INFORMATION continued

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### WRITTEN ROOM OR LABORATORY EXAMINATION

**Causes for dismissal** which may occur in the **written room or laboratory** include, but are limited to, the following:

- ❖ Allowing another person to take the examination in the place of or under the identity of the candidate.
- ❖ Copying or otherwise obtaining examination answers from other persons during the course of the written examination.
- ❖ Bringing any notes, textbooks, unauthorized models or other informative data into the written examination room and/or laboratory.
- ❖ Assisting another candidate during the examination process.
- ❖ Copying, photographing or in any way reproducing or recording examination question or answers.
- ❖ Removing the typodont from the manikin head after the start of the Simulated Fixed Prosthodontics lab examination. (Staff will remove the typodont.)

### CLINICAL EXAMINATION INSTRUMENTS AND MATERIALS

Completed Dental Assistant Verification form – **turn in once a day during the approval process for each assistant used.** If another dental is used during the day, another form must be completed and submitted.

The following items are to be on the patient's tray each time the patient is submitted to the examination grading area unless otherwise noted:

- ✓ Assigned candidate identification number card with all information completed in the upper box completed in ink including the anesthetic specification.
- ✓ Patient's Medical History form filled out completely and in ink.
- ✓ Patient's Disclosure Statement form filled out completely and in ink.
- ✓ Parental consent and Disclosure statement form, if the patient is under the age of 18. The forms must be filled out completely and contain the **original signature of the patient's parent or legal guardian.**
- ✓ X-rays appropriate for the portion of the examination being taken.
- ✓ Front surface, non-magnifying mouth mirror.
- ✓ Sharp #2 explorer.
- ✓ Marquis type periodontal probe (single ended only).
- ✓ Protective glasses for the patient.

### PERIODONTAL CHECK-IN

In addition to the items listed above, include the following:

- ✓ Two (2) FDA-approved anesthetic carpules.

## EXAMINATION INFORMATION continued

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### CLINICAL EXAMINATION INSTRUMENTS AND MATERIALS continued

#### PERIODONTAL DIAGNOSIS AND SCALING GRADING

In addition to the items listed above, including the following:

- ✓ Six (6) 2X2 gauze pads
- ✓ Periodontal charting form **completed in ink.**

#### CLASS II AMALGAM – CHECK-IN, PREPARATION AND FINISH GRADING

In addition to the items listed above, including the following:

- ✓ Stone model of quadrant depicting preoperative condition of tooth and adjacent structures. All models must have the candidate identification number clearly written or carved on the model.
- ✓ Dental floss
- ✓ Articulating paper

#### CLASS III OR IV COMPOSITE RESIN – CHECK-IN, PREPARATION AND FINISH GRADING

In addition to the items listed on the previous page, include the following:

- ✓ Stone model depicting preoperative condition of tooth and adjacent structures and a penciled drawing of the proposed outline of the cavity preparation. All models must have the candidate identification number clearly written or carved on the model.
- ✓ Dental floss
- ✓ Articulating paper

### RADIOGRAPHS

All radiographs must be:

- **Originals** – no duplicates will be accepted. Digital x-rays are not acceptable for this examination. Amalgam and composite radiographs will be retained by the Board. *Periodontal radiographs will be returned to the candidate at the conclusion of the periodontal examination.*
- Correctly mounted.
- Show the candidate's identification number and patient's name clearly marked in ink on the mount. Candidate's name and/or dental school is not to appear on the radiographic mount.
- Show the date the radiographs were taken – **must be within six (6) months of the examination date.**
- **Be of diagnostic quality.**
- Represent the **current condition** of the patient's mouth.

## **EXAMINATION INFORMATION** continued

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### **CLINICAL EXAMINATION INSTRUMENTS AND MATERIALS** continued

**Periodontal** – Full mouth series of eighteen (18) original radiographs, at least four (4) must be bitewings.

**Amalgam** – Periapical and bitewing for the tooth being treated.

**Composite** – Periapical for the tooth being treated.

### **WHITE SLIPS**

In the event that one or more grading examiners feel that a communication to the CFE regarding patient care is indicated, he or she will generate a “White Slip”. This is a communication that goes to the CFE in the area in which the candidate is working. White slips are not in themselves failures and should not be regarded as such.

### **EVALUATION OF CLINICAL PERFORMANCE**

Each portion of the clinical examination is evaluated by two (2) independent examiners, an “A” grader and a “B” grader based on the established criteria included in the appendix. In the event of a pass/fail discrepancy, as assessed by a staff person (who is an employee of the Department of Consumer Affairs, Dental Board of California and not an examiner), a third “C” grader grades. The two (2) grades, which agree as to pass or fail, are recorded. The grade, which does not agree, is discarded.

## EXAMINATION SITE INSTRUCTIONS

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The following rules, regulation and instructions are adopted to ensure the uniform conduct of examinations. Candidates must adhere to them during the licensure examination. **A candidate violating any of the rules, regulations or instructions may be declared to have failed the examination and a statement of issues may be filed.**

### ***READ THESE INSTRUCTIONS CAREFULLY AND COMPLETELY***

Food, drinks, cellular phones, beepers, radios and head phones are not permitted in any of the examination areas. Do not bring these items into the examination area or permit your dental assistant or patient to do so (can be grounds for dismissal). Items carried into the examination area will have to be placed in a common area in front of the room. The Board is not responsible for items that may be lost or stolen. **CAMERA PHONES ARE STRICTLY PROHIBITED AND MAY RESULT IN THE CANDIDATE BEING DISMISSED.** Computers on the clinic floor may never be turned on during the examination.

## EXAMINATION SCHEDULE

The examination schedule is prepared once the final number of candidates taking the examination is known. No changes will be made in the examination schedule. Candidates who do not appear as scheduled forfeit their examination fees. The final examination schedule will be mailed in the examination assignment packet approximately two (2) to three (3) weeks before the examination.

## REGISTRATION

All candidates must register on the day marked “**Registration**” on the examination schedule. The location of the registration area is noted on the examination schedule. Candidates must provide picture identification at the time of registration. Acceptable forms of picture identification are **current** passport, driver’s license or military and governments identification card. Extra forms are available at registration or on the clinic floor.

## ORIENTATION

**All candidates must report for orientation.** Specific orientation room assignment is shown on the examination schedule. Orientation is mandatory even for candidates who may be retaking any part of the examination. At orientation any last minute rules or procedural changes will be announced; questions regarding procedural matters may be asked at this time. In addition to the examination instructions, specific requirements of the school at which the examination is taking place will be given to candidates.

## EXAMINATION SITE INSTRUCTIONS continued

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### CLINIC ATTIRE

**Candidates and assistants must wear long sleeve, disposable gowns in the clinic.** For identification purposes, **candidates** are required to wear **blue** disposable gowns and **assistants** are required to wear **yellow** disposable gowns. The gowns must be removed or disposed of before leaving the clinic floor. The disposable gowns may be available for purchase at each dental school bookstore. Fees for supplies and gowns may be charged by the schools at their discretion.

### BADGES

#### CANDIDATES

Candidate badges will be made at registration. Candidates are required to wear the badge during the entire examination. Candidates will not be allowed to enter any examination area without having the badge in plain view.

#### DENTAL ASSISTANTS AND PATIENTS

Identification badges must be worn by dental assistants and patients at all times during the course of the examination. The badges will be distributed to the candidate during registration. Photographs of dental assistants and patients are not required.

### EXAMINATION ASSIGNMENT INFORMATION

Approximately two (2) to three (3) weeks before the examination the Board will mail assignment information. The information packet will contain the following documents:

- Candidate Identification Number
- Candidate Identification Badge
- Examination Schedule
- Picture Data Card
- Checklist of Required Registration Documents
- Blank Medical History, Disclosure, Parental Consent and Dental Assistant Verification Forms

Please check the documents in the assignment packet to ensure all items were received.

## EXAMINATION SITE INSTRUCTIONS continued

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### CANDIDATE IDENTIFICATION NUMBER

The candidate identification number is printed on the form bearing the applicant for licensure's name and address. The examination identification number is randomly assigned. Since the examination is anonymous, licensure candidate names, schools or other identifying information must not appear on gowns, smocks, instrument cases, patient medical histories, x-ray mounts or on any other examination materials.

Since licensure candidates will be known only by the assigned number, it is important that **IDENTIFICATION NUMBERS ARE NOT LOST**. Only Board staff, who are employed by the Department of Consumer Affairs, are aware of the numbers assigned to the licensure candidates. If a problem arises in this regard, please contact the Board staff immediately.

### PHOTOGRAPHS

Candidates for licensure are required to submit a total of three (3) self identification photographs that were taken recently. One (1) photograph is to be attached to the identification badge and the other two (2) must accompany the picture data card.

Photographs of dental assistants and patients are not required.

### PICTURE DATA CARD

Candidates for licensure are to complete the **PICTURE DATA CARD** that is included in the assignment information packet. Please be sure to staple the two (2) recent photographs discussed above. Bring the picture data card to the registration desk.

### CANDIDATE IDENTIFICATION BADGE

Candidates for licensure must complete the candidate identification badge included in the assignment information packet by filling in the examination date, individual identification number and the location of the examination. A recent photograph, within the past six (6) months, of the licensure candidate is to be affixed in the picture area of the badge. Licensure candidates will be required to wear the candidate identification badge during the entire examination including registration. Candidates for licensure will not be admitted to the secured examination areas without the candidate identification badge.

## CLINICAL PERIODONTAL EXAMINATION AND DIAGNOSIS

RATING/SCORE			PROBING	FURCATION	MOBILITY	DIAGNOSIS
PASS	Ideal or minor errors	5	Recordings within 1 mm. on all teeth.	Furcation involvement detected and correctly classified.	Mobility correctly classified or 1 small classification deviation.	Disease correctly diagnosed on all teeth.
	Slight errors	4	Up to 2 recordings deviations of 2 mm.	1 small classification deviation.	2 small classification deviations.	Small deviations in severity on up to 2 teeth.
	Moderate errors	3	3 recording deviations of 2 mm. No recording deviations of 3 mm. or greater.	2 or more small classification deviations. No significant classification deviations.	3 or more small classification deviations. No significant classification deviations.	Small deviations in severity on 3 teeth and/or 1 significant deviation from clinical findings.
FAIL	Major errors	2	4 recording deviations of 2mm. Or up to 2 deviations of 3mm. or greater	1 significant classification deviation.	1 significant classification deviation.	4 teeth with small deviations and/or 2 significant deviations from clinical findings.
	Critical errors	1	5 recording deviations of 2 mm. or 3 deviations of 3mm. or greater.	2 significant classification deviations.	2 significant classification deviations.	5 teeth with small deviations and/or 3 significant deviations from clinical findings.
	Gross errors	0	6 or more recording deviations of 2 mm. or greater which may alter the diagnosis of most teeth or 4 or more deviations of 3 mm. or greater.	3 or more significant classification deviations.	3 or more significant classification deviations.	6 or more teeth with small deviations or 4 and/or more significant deviations from clinical findings.

**Small Deviation:** One-step classification error, except between B and C **or** C and B when exceedingly definitive.

**Significant Deviation:** Two-(or more) step classification errors or A one-step error between B and C **or** C and B when exceedingly definitive.

## CLINICAL PERIODONTAL SCALING

RATING/SCORE			SUBGINGIVAL CALCULUS	SUPRAGINGIVAL CALCULUS	SOFT DEPOSITS (PLAQUE AND STAIN)	TISSUE MANAGEMENT
PASS	<b>Ideal or minor errors</b>	<b>5</b>	No detectable calculus or root roughness.	All visible calculus removed.	All detectable plaque, soft debris and stain removed.	Tissue generally intact.
	<b>Slight errors</b>	<b>4</b>	Light calculus and/or root roughness detectable in up to 3 areas.	All visible calculus removed.	Light plaque, soft debris or stain present on up to 3 teeth.	Up to 2 small tissue tags.
	<b>Moderate errors</b>	<b>3</b>	Light calculus and/or root roughness detectable in 4 or more areas. No <u>distinct</u> pieces of calculus evident.	1 area or visible calculus remaining.	Light plaque, soft debris or stain present on more than 3 teeth.	3 or more small tissue tags or 1 laceration present.
FAIL	<b>Major errors</b>	<b>2</b>	1 or 2 areas of <u>distinct</u> calculus.	2 areas of visible calculus remaining	Heavy plaque, soft debris or stain present on up to 3 teeth.	2 to 3 lacerations or trauma to the soft or hard tissues.
	<b>Critical errors</b>	<b>1</b>	3 to 6 areas of <u>distinct</u> calculus.	3 or 4 areas of visible calculus remaining.	Heavy plaque, soft debris or stain present on more than 3 teeth.	4 to 5 lacerations or trauma to the soft or hard tissues.
	<b>Gross errors</b>	<b>0</b>	Greater than 6 areas of <u>distinct</u> calculus.	5 or more areas of visible calculus remaining.	Heavy plaque, soft debris or stain present on most teeth.	6 or more lacerations or trauma to the soft or hard tissues.



## INSTRUCTIONS FOR THE PERIODONTAL EXAMINATION AND DIAGNOSIS FORM

In the quadrant selected by the examiner for diagnosis:

1. Black out the number(s) of any missing teeth.
2. Record six probing depths per tooth using the following criteria:
  - Using the technique of walking the probe around the tooth and record the deepest measurement for the facial and lingual as shown in illustration 1. The four interproximal measurements should be made at the points indicated in illustration 1.
  - The technique used for interproximal measurements should be as demonstrated in illustration 2.
3. Record mobility of the teeth in the selected quadrant in the boxes provided. Use the following classification of mobility:
  - 0 =** No mobility.
  - 1 =** Up to 1 mm of movement in any horizontal directions.
  - 2 =** Greater than 1 mm of movement in any horizontal direction.
  - 3 =** Vertical mobility, tooth is depressible.
4. Record the degree of furcation involvement in the selected quadrant. Record the *highest* furcal classification for that tooth; i.e., tooth #30 has class 1 furcation involvement on the facial and class 2 involvement on the lingual; place a 2 in the box. Use the following classification system:
  - 0 =** No furcation detected.
  - 1 =** Incipient furcation detected, penetration up to the furca 1 mm.
  - 2 =** Definite furcation involvement, penetration into the furca more than 1 mm.
  - 3 =** Horizontal through and through destruction of furcal tissues.
5. Make a periodontal diagnosis for each tooth present in the selected quadrant. Use the following classification:
  - A =** Periodontal health - no evidence of current periodontal disease, or periodontal health with previous loss of support.
  - B =** Gingivitis - inflammatory color changes or bleeding in response to gentle probing; changes in gingival form; no evidence of bone resorption or clinical attachment loss.
  - C =** Mild periodontitis - inflammation; gingival form changes; increased sulcus depth; clinical attachment levels up to 3 mm from the cementoenamel junction; mild bone resorption.
  - D =** Moderate periodontitis - inflammation; gingival form changes; increased sulcus depth; clinical attachment levels 4-6 mm from the cementoenamel junction; moderate bone resorption.
  - E =** Advanced periodontitis - inflammation; gingival form changes; increased sulcus depth; clinical attachment levels more than 6 mm from the cementoenamel junction; severe bone resorption.

When two or more features of disease are present on the same tooth, use the most severe classification for that tooth.

**ANESTHESIA IS PERMISSIBLE BEFORE PROBING THE PATIENT**

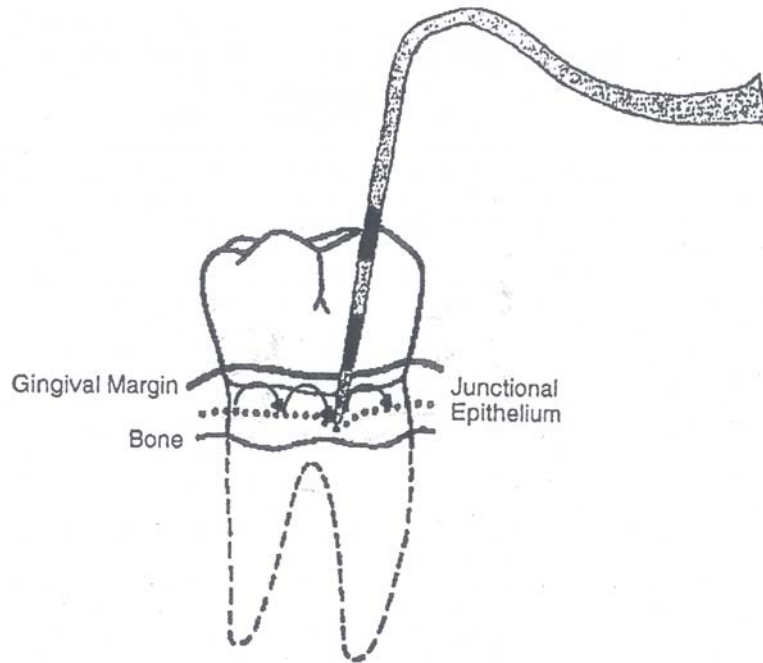
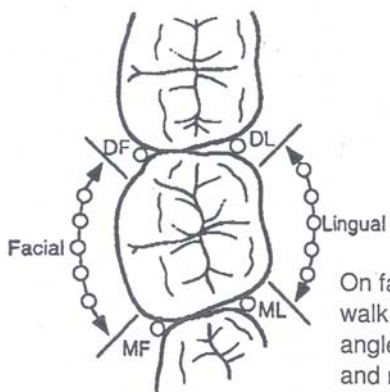


ILLUSTRATION 1



On facial and lingual  
walk probe from line  
angle to line angle  
and record deepest  
probing depth.

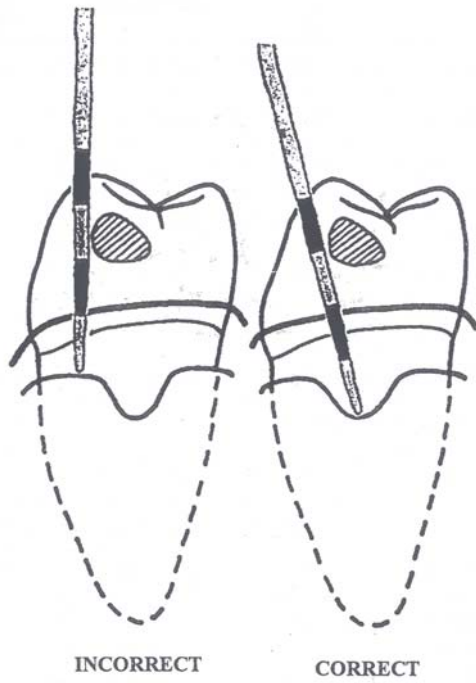


ILLUSTRATION 2

## COMPOSITE RESIN PREPARATION

RATING/SCORE			EXTERNAL OUTLINE	INTERNAL FORM	CAVITY REFINEMENT	OPERATIVE ENVIRONMENT
PASS	Ideal or minor errors	5	Appropriate extension for removal of caries, convenience of preparation, removal of decalcification, fissured grooves and finish of enamel margins. Appropriate access entry. Minor deviations may be present.	Appropriate depth of axial wall for removal of caries. Appropriate retention form. Appropriate enamel bevels, if present. Minor deviations may be present.	Walls and margins appropriately smooth and well defined. Free of debris. No inappropriate unsupported enamel. Minor deviations may be present	No unnecessary trauma to soft and/or hard tissues. All caries removed. If based, appropriate base placement. Appropriate isolation with rubber dam. Minor deviations may be present
	Slight errors	4	Slightly over/under extended outline for removal of caries. Slightly inappropriate access entry.	Slightly inappropriate depth of axial wall for removal of caries. Retention slightly excessive or inadequate. Enamel bevels slightly inappropriate, if present.	Slight roughness on cavity walls and/or margins. Cavity lacks definition to a slight degree. Slight debris present. Slightly inappropriate unsupported enamel.	Slight trauma to soft and/or hard tissues. All caries removed. If based, appropriate base placement. Appropriate isolation with rubber dam.
	Moderate errors	3	Moderate over/under extended outline for removal of caries. Decalcification and fissured grooves minimally adequately treated. Moderately inappropriate access entry.	Moderately inappropriate depth of axial wall for removal of caries. Retention moderately excessive or inadequate. Enamel bevels moderately inappropriate, if present.	Moderate roughness of cavity walls and/or margins. Cavity lacks definition to a moderate degree. Moderate debris present. Moderately inappropriate unsupported enamel.	Moderate trauma to soft and/or hard tissues. Questionable residual caries. If based, moderately appropriate base placement. Appropriate isolation with rubber dam.
FAIL	Major errors	2	Major over/under extended outline for removal of caries. Major failure to conserve tooth structure. Major failure to remove deeply involved decalcification and/or fissured groove area(s). Major inappropriate access entry.	Majorly inappropriate depth of axial wall for removal of caries. Retention majorly excessive and inadequate. Enamel bevels majorly inappropriate, if present.	Major unnecessary roughness of cavity walls and/or margins. Cavity lacks definition to a major degree. Major debris present. Majorly inappropriate unsupported enamel.	Major trauma to soft and/or hard tissues. Some caries present. If based, majorly inappropriate base placement. Major leakage of rubber dam resulting in contamination of preparation.
	Critical errors	1	Critical over/under extended outline for removal of caries. Critical failure to conserve tooth structure. Critical failure to remove deeply involved decalcification and/or fissured groove area(s) through the DEJ. Critical inappropriate access entry.	Critically inappropriate depth of axial wall for removal of caries. Retention critically excessive or inadequate. Enamel bevels critically inappropriate, if present.	Critical unnecessary roughness of cavity wall and/or margins. Cavity lacks definition to a critical degree. Critical debris present. Critically inappropriate unsupported enamel.	Critical trauma to soft and/or hard tissues. If based, critically inappropriate base placement. Critical leakage of rubber dam resulting in contamination of preparation.
	Gross errors	0	Gross over/under extended outline for removal of caries. Total lack of concept of operative dentistry.	Grossly inappropriate depth of axial wall for removal of caries.	Gross unnecessary rough cavity wall and/or margins. Gross debris present. Grossly inappropriate unsupported enamel.	Gross trauma to soft and/or hard tissues. If based, grossly inappropriate base placement. Gross caries present or mechanical exposure. Gross leakage of rubber dam resulting in contamination of preparation.

## COMPOSITE RESIN RESTORATION

RATING/SCORE			SURFACE QUALITY	MARGIN INTEGRITY	CONTOURS AND FUNCTION	TISSUE TREATMENT
PASS	Ideal or minor errors	5	Uniform smoothness of entire surface of restoration. No pits on surface.	Margin continuous with contours of natural tooth. No white lines at margin.	All tooth contours appropriately restored. Appropriate contact with adjacent and opposing contacts. Morphological features are appropriate. No contamination in material. Restorative material completely cured.	No unnecessary trauma to soft and/or hard tissues.
	Slight errors	4	Restoration exhibits slight roughness. Slight pits and/or scratches on the surface.	Slight detectable catches at the margins of the restoration but margins are closed. No pits on the margins. Slight white line at margin.	Slight under or over contour. Slightly weak contact. Morphological features slightly deficient or excessive. Slight contamination in material. Restorative material completely cured.	Slight lack of care of soft and/or hard tissues.
	Moderate errors	3	Restoration exhibits moderate roughness. Moderate pits and/or scratches on the surface.	Moderate catches at margin of restoration but margins are closed. No pits on the margins. Moderate white line at margin.	Moderate under or over contour. Moderately weak contact. Morphological features moderately deficient or excessive. Possible moderate contamination in material. Restoration material completely cured.	Moderate lack of care of soft and/or hard tissues.
FAIL	Major errors	2	Major surface roughness. Major pits and/or scratches on the surface. Major detectable catches in surface.	Major open margin discrepancy. Major excessive material over the margin. Pits on the margins. Major white line at margin.	Major under or over contour. Major lack of contact. Morphological features majorly deficient or excessive. Major traumatic occlusion. Obvious major contamination in the restorative material. Major inadequate cure of the restorative material.	Major lack of care of soft and/or hard tissues.
	Critical errors	1	Critical surface roughness. Major pits and/or scratches on the surface. Critical detectable catches in surface.	Critical open margin discrepancy. Critical excessive material over margin. Critical white line at margin.	Critical under or over contours. Critical lack of contact. Morphological features critically deficient or excessive. Critical traumatic occlusion. Critically contaminated. Critical inadequate cure of restorative material.	Critical lack of care of soft and/or hard tissues.
	Gross errors	0	Grossly irregular surface. Gross voids, pits and/or scrapes on the surface. Loss of all or part of the restoration.	Gross open margin discrepancy to the DEJ. Gross excessive material over margin. Gross white line at margin.	Restoration fractured or displaced. Gross lack of contact. Morphological features grossly deficient or excessive. Gross lack of concept of form and/or function. Requires replacement. Gross inadequate cure of the restorative material.	Gross mutilation of soft and/or hard tissues.

## AMALGAM PREPARATION

RATING/SCORE			EXTERNAL OUTLINE	INTERNAL FORM	CAVITY REFINEMENT	OPERATIVE ENVIRONMENT & PULPAL PROTECTION
PASS	Ideal or minor errors	5	Appropriate extension for convenience of preparation and removal of decalcification and fissures. Appropriately formed angle of departure and cavosurface angle. Minor deviations may be present.	Appropriate extension into dentin (for bulk and retention). Appropriate retention. Minor deviations may be present.	Enamel walls parallel rod direction. Walls and margins appropriately smooth and well defined. Free of debris. Minor deviations may be present.	Appropriate base place placement. No unnecessary trauma to soft tissue. All caries removed. Minor deviations may be present.
	Slight errors	4	Slightly over/under extended outline. Slight lack of cavity definition. Fissures and decalcification adequately treated. Angle of departure slightly over or under 90 degrees.	Pulpal and/or axial walls slightly shallow or deeper than required for bulk and retention. Retention evident, but slightly incomplete or excessive.	Slight roughness on cavity walls and/or margins. Cavity lacks definition to a slight degree. Slight debris present.	Adequate base placement. Slight lack of care of hard and/or soft tissue. All caries removed.
	Moderate errors	3	Moderate over/under extended outline. Moderate lack of cavity definition. Decalcification and fissured grooves minimally adequately treated. Angle of departure moderately over or under 90 degrees.	Pulpal and/or axial walls moderately shallow or deeper than required for bulk and retention. Retention moderately incomplete or excessive.	Moderate roughness of cavity walls or margins. Cavity lacks definition. Moderate debris present.	Minimally adequate base placement. Lack of care of hard and/or soft tissue. Questionable residual caries.
FAIL	Major errors	2	Major over/under extended outline form. Point tooth contact of adjacent tooth. Angle of departure excessive or too acute. Failure to conserve tooth structure or extend for prevention. Failure to remove deeply involved fissures or decalcification to the DEJ.	Major unnecessary removal of tooth structure. Major excessive retention. Retention in enamel. Inadequate retention. Pulpal and/or axial walls excessively deep or shallow.	Rough cavity walls. Unsupported enamel walls. Margins extremely rough. Major debris on walls and/or in line angles.	Failure to place adequate base. Soft and/or hard tissue unnecessarily traumatized. Some caries present. Significant chalky decalcification.
	Critical errors	1	Critical over/under extended outline form. Tooth contacts adjacent tooth. Angle of departure critically over/under 90 degrees. Critical failure to conserve tooth structure or extend for prevention. Critical failure to remove deeply involved fissures or decalcification through the DEJ.	Critical unnecessary removal of tooth structure. Retention critically incomplete or excessive. Pulpal and/or axial walls critically deep or shallow.	Critically rough cavity walls. Critically unsupported enamel walls. Critically rough margins. Critical debris on external walls.	Critical failure to place adequate base. Critical soft and/or hard tissue trauma. Obvious caries present. Critical decalcification.
	Gross errors	0	Gross over extension and/or gross under extension. Total lack of concept of operative dentistry.	Mechanical pulp exposure.	Grossly undermined. Cavity walls grossly rough and undefined. Gross divergence of walls.	Gross failure to remove caries or mechanical exposure. Gross mutilation of hard and/or soft tissue.

## AMALGAM RESTORATION

RATING/SCORE			SURFACE QUALITY	MARGIN INTEGRITY	CONTOURS AND FUNCTION
PASS	<b>Ideal or minor errors</b>	<b>5</b>	Uniform smoothness of entire surface of restoration. Devoid of pits or scratches. Dense condensation. Appropriate finish.	Junction of tooth/restoration not detectable.	Tooth contours, occlusal and proximal surface appropriately restored. Proximal embrasures and contacts appropriate. No unnecessary trauma to hard and/or soft tissues.
	<b>Slight errors</b>	<b>4</b>	Restoration exhibits slight roughness, pits and scratches.	Slight detectable catches at the margins of the restoration but margins are closed.	Slight under or over contour. Slightly weak contact. Morphological features slightly lacking. Weak contact. Slight lack of care of hard and/or soft tissues.
	<b>Moderate errors</b>	<b>3</b>	Restoration exhibits moderate roughness, pits and scratches.	Moderate catches at margin of restoration that are correctable in polishing.	Moderate under or over contour. Morphological features moderately lacking. Minimal contact. Moderate lack of care to hard and/or soft tissues.
FAIL	<b>Major errors</b>	<b>2</b>	Major surface roughness, pitting and/or scratches. Soft condensation	Open margin or major marginal discrepancy. Excessive overhangs.	Major absence of appropriate anatomical features. Excessive depth of carving in amalgam. Improper contact. Traumatic occlusion. Hard and/or soft tissue damage.
	<b>Critical errors</b>	<b>1</b>	Critical surface roughness, pitting and/or scratches. Surface pieces flake off.	Critically open margin or critical margin discrepancy. Critically excessive overhangs.	Critical absence of appropriate anatomical form. Critically excessive depth of carving in amalgam. Critical lack of proximal contact and/or embrasure form. Critical traumatic occlusion. Critical hard and/or soft tissue damage.
	<b>Gross errors</b>	<b>0</b>	Entire surface missing. Surface totally defective. Grossly under or over filled.	Deeply open margin to DEJ. Gross overhangs. Loss of substantial fracture of restoration.	Restoration fractured or displaced. Complete lack of proximal contact and/or embrasure form. Gross mutilation of hard and/or soft tissue. No concept of form and function.

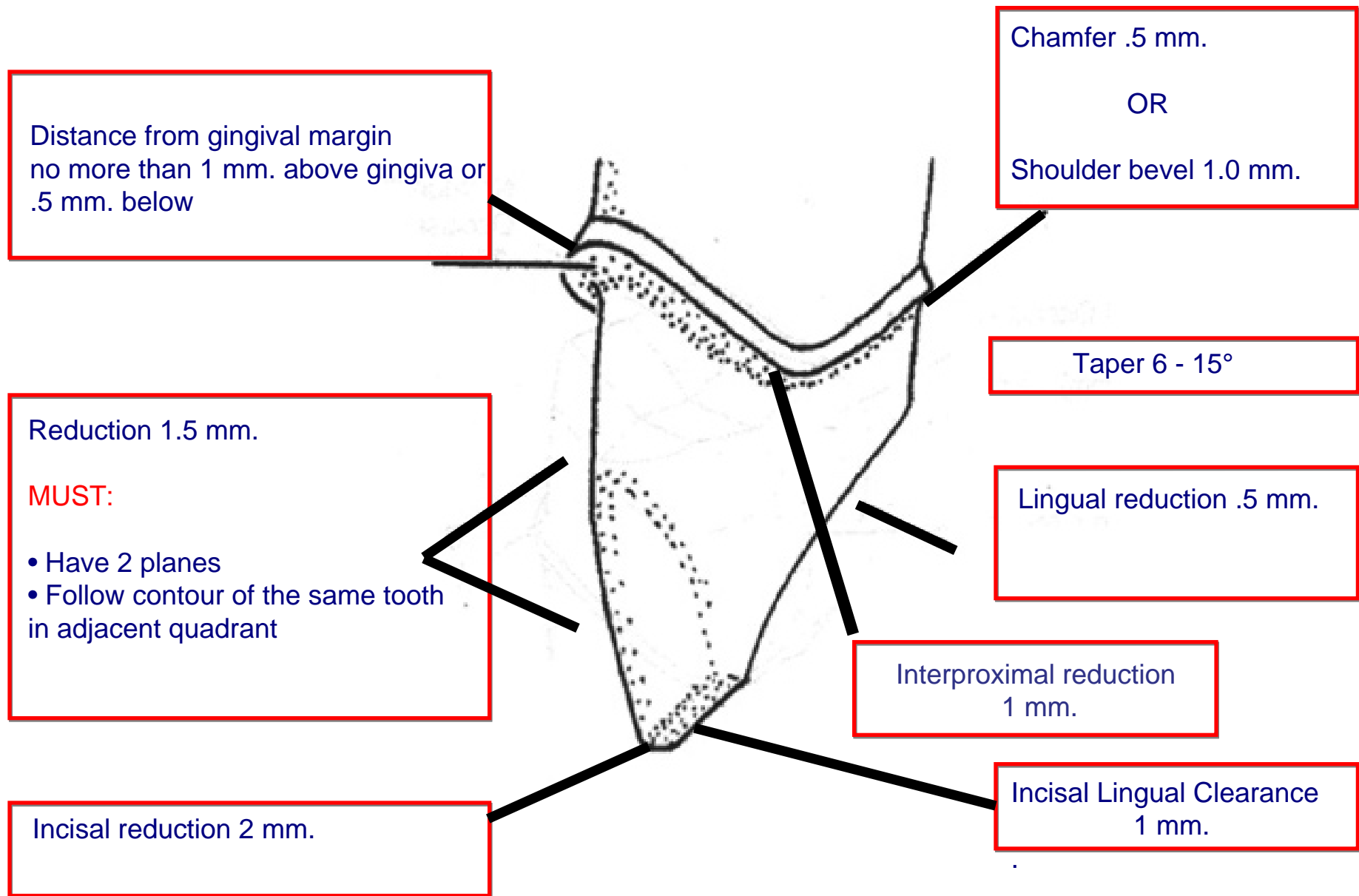
# FIXED PROSTHETICS PREPARATION

RATING/SCORE			FORM OF PREPARATION/REDUCTION	RETENTION	MARGIN & BEVEL FINISH	OPERATIVE ENVIRONMENT & PULPAL PROTECTION
PASS	Ideal or minor errors	5	Appropriate extension for convenience and prevention. Appropriate occlusal/incisal reduction. Appropriate coronal/pulpal/axial reduction. Minor deviations allowable.	Parallelism is appropriate, not undercuts internally or externally. Appropriate taper for retention and withdrawal. Grooves and/or boxes are parallel, well defined and appropriate length and location. Minor deviations allowable.	Appropriate finish of walls and well defined angles. Margins and bevels appropriately placed, smooth and well defined. Minor deviations allowable.	No unnecessary trauma to simulated soft tissue. Free of debris. Minor deviations allowable.
	Slight errors	4	Slight over/under extension for convenience and prevention. Slight over/under occlusal/incisal reduction. Slight over/under coronal/pulpal/axial reduction.	Parallelism slight compromised and slightly undercut internally. Slight imperfections in grooves and/or boxes. Slightly inadequate length of preparation.	Walls and line angles and/or margins slightly rough. Margins slightly under/over extended. Margins and bevels slightly deep, shallow or irregular.	Some debris present.
	Moderate errors	3	Moderate over/under extension for convenience and prevention. Moderate over/under occlusal/incisal reduction. Moderate over/under coronal/pulpal/axial reduction.	Parallelism moderately compromised and moderately undercut internally. Moderate imperfections in grooves and/or boxes. Moderately inadequate length of preparation.	Walls and line angles and/or margins moderately rough. Margins moderately under/over extended. Margins and bevels moderately deep, shallow or irregular.	Moderate amount of debris present.
FAIL	Major errors	2	Major over/under extensions for convenience and protection. Major over/under occlusal/incisal reduction. Major over/under coronal/pulpal/axial reduction.	Major error in parallelism (inadequate or excessive). External undercut(s). Excessive taper. Grooves and/or boxes ill defined and/or improperly placed. Inadequate length of preparation to a major degree. Major internal undercut.	Major unnecessarily deep or inadequate margins and/or bevels. Margins excessively rough and/or poorly finished to a major degree. Margin barely in contact with adjacent tooth.	Major evidence of unnecessary trauma to simulated soft tissue. Mutilation of adjacent hard and/or simulated soft tissue. Excessive debris present.
	Critical errors	1	Critical over/under extensions for convenience and protection. Critical over/under occlusal/incisal reduction. Critical over/under coronal/pulpal/axial reduction.	Critical error in parallelism (inadequate or excessive). External undercut(s). Critical excessive taper. Grooves and/or boxes lack definition or are improperly placed to a critical degree. Inadequate length of preparation. Critical internal undercut.	Critical unnecessarily deep or inadequate margins and/or bevels. Margins excessively rough and/or poorly finished to a critical degree. Margin in contact with adjacent tooth.	Critical evidence of unnecessary trauma to simulated soft tissue. Mutilation of adjacent hard and/or simulated soft tissue. Critically excessive debris present.
	Gross errors	0	Gross over/under extensions for convenience and protection. Gross over/under occlusal/incisal reduction. Gross over/under coronal/pulpal/axial reduction. Gross lack of concept. An area of the prepared tooth contact adjacent tooth.	Grossly tapered or extreme undercut. Complete lack of retention. Grooves and/or boxes demonstrate total lack of concept.	Total lack of definition of margins and/or bevels.	Gross mutilation of adjacent hard and/or simulated soft tissue.

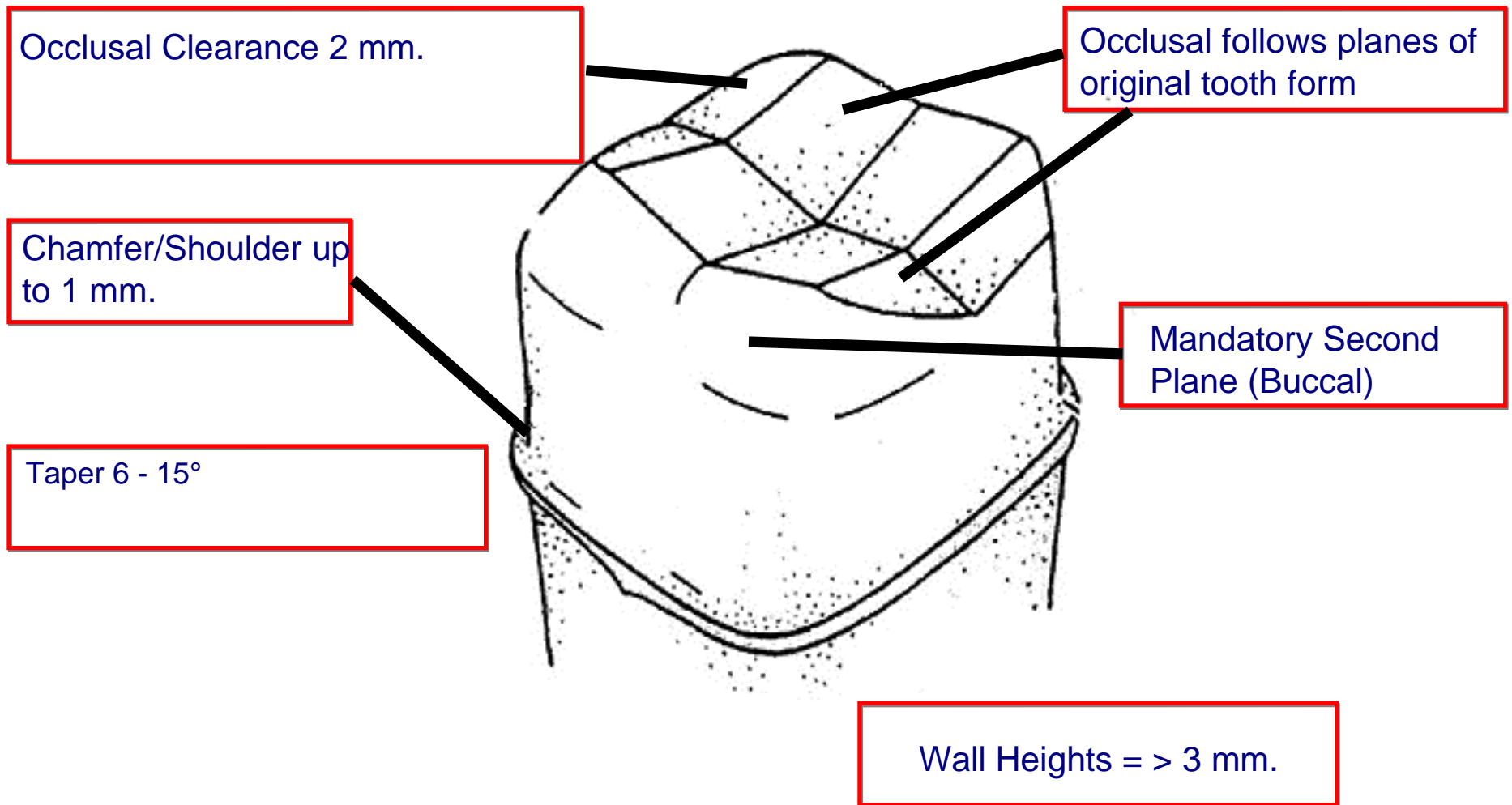


# STANDARD PREPARATION GUIDELINE

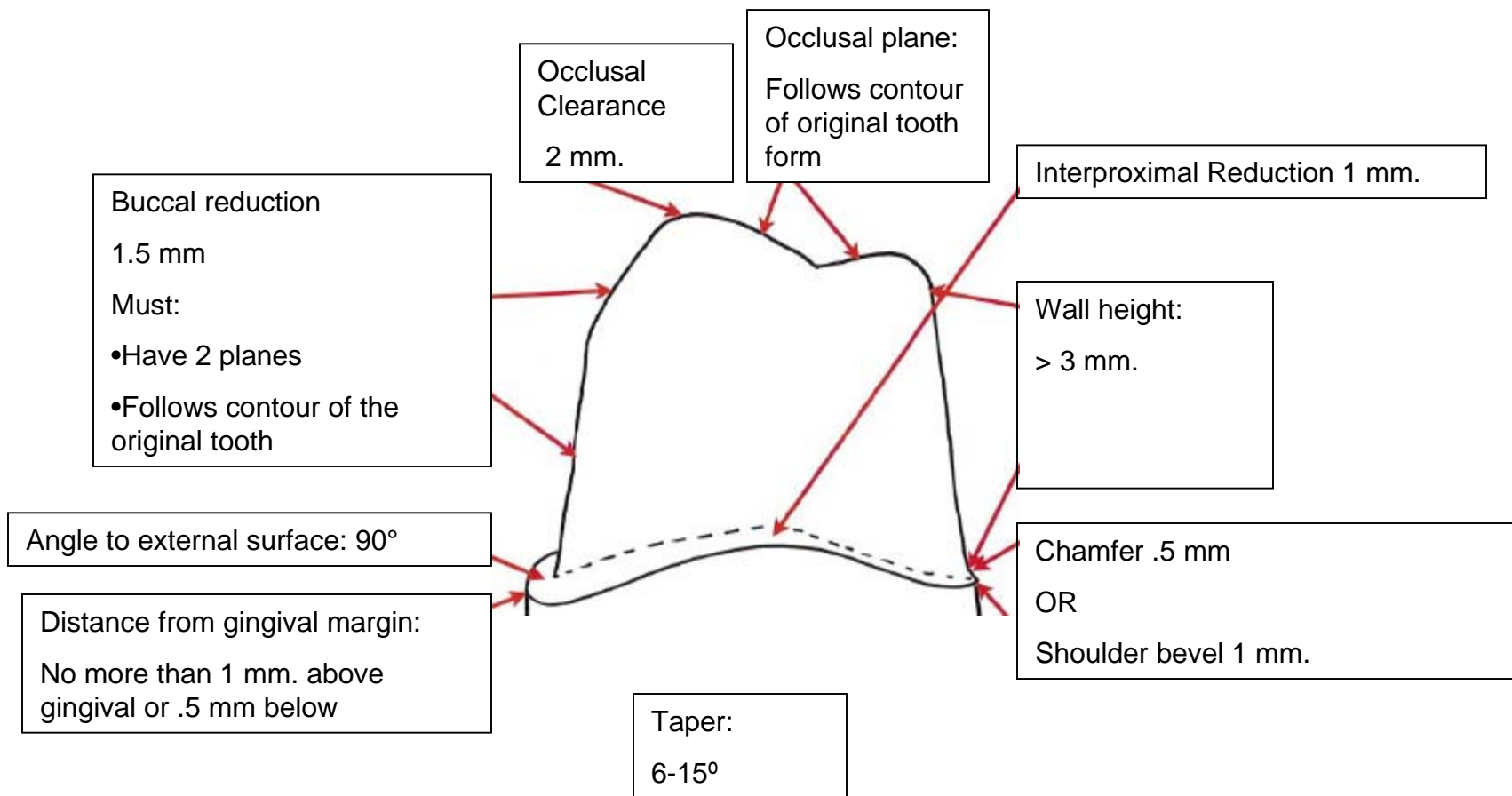
## Anterior Preparation



# Standard Preparation Guideline Full Metal Crown



## STANDARD PREPARATION GUIDELINES MANDIBULAR BICUSPID (Porcelain Occlusal)





**DENTAL BOARD OF CALIFORNIA**  
1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241  
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### **§ 1028. Application for Licensure.**

- (a) Application for licensure as a dentist shall be made on a form prescribed by the board and shall show that the applicant is at least 18 years of age.
- (b) The application shall be accompanied by the following:
  - (1) The fees fixed by the board;
  - (2) Satisfactory evidence of graduation from a dental school approved by the board;
  - (3) Two classifiable sets of fingerprints on forms provided by the board;
  - (4) Where applicable, a record of any previous dental practice and verification of license status in the last state or jurisdiction in which he attained licensure as a dentist;
  - (5) Satisfactory evidence of liability insurance or of financial responsibility in accordance with Section 1628(c) of the code. For purposes of that section:
    - (A) Liability insurance shall be deemed satisfactory if it is either occurrence-type liability insurance or claims-made type liability insurance with a minimum five year reporting endorsement, issued by an insurance carrier authorized by the Insurance Commissioner to transact business in this State, in the amount of \$100,000 for a single occurrence and \$300,000 for multiple occurrences, and which covers injuries sustained or claimed to be sustained by a dental patient in the course of the licensing examination as a result of the applicant's actions.
    - (B) "Satisfactory evidence of financial responsibility" means posting with the board a \$300,000 surety bond.
- (c) Completed applications shall be filed with the board not later than 45 days prior to the date set for the beginning of the examination for which applications is made. An application shall not be deemed incomplete for failure to establish compliance with educational requirements if the application is accompanied by a certification from an approved school that the applicant is expected to graduate from that school prior to such examination and if the approved school certifies not less than 15 days prior to examination that the applicant has in fact graduated from that school.
- (d) The processing time for dental licensure are set forth in Section 1061.

### **§ 1029. Approval of Applications.**

Permission to take an examination shall be granted to those applicants who have paid the necessary fees and who credentials have been approved by the executive officer.

Nothing contained herein shall be construed to limit the board's authority to seek from an applicant such other information as may be deemed necessary to evaluate the applicant's qualifications.

### **§ 1030. Theory Examination.**

An applicant shall successfully complete the National Board of Dental Examiners' examination prior to taking the California examination and shall submit confirmation thereof to the board. Such confirmation must be received in the board office not less than 30 days prior to the examination date requested.

## **Article 3. Examinations**

### **§ 1031. Supplemental Examinations in California Law and Ethics.**

Prior to issuance of a license, an applicant shall successfully complete supplemental written examinations in California law and ethics.

- (a) The examination on California law shall test the applicant's knowledge of California law as it relates to the practice of dentistry.
- (b) The examination on ethics shall test the applicants' ability to recognize and apply ethical principles as they relate to the practice of dentistry.
- (c) An examinee shall be deemed to have passed the examinations if his/her score is at least 75% in each examination.

### **§ 1032. Demonstration of Skill.**

Each applicant shall complete written examinations in endodontics and removable prosthodontics. Clinical examinations consisting of periodontics, an amalgam restoration and a composite resin restoration will be completed on patients. In addition, each applicant shall be required to complete a simulation examination in fixed prosthodontics.

#### **§ 1032.1. Endodontics.**

The written endodontics diagnosis and treatment planning examination shall test the applicant's ability to diagnose, treatment plan, interpret radiographs and evaluate treatment strategies for pulpal and periapical pathoses and systemic entities.

#### **§ 1032.2. Removable Prosthodontics Evaluation Examination.**

The written removable prosthodontics evaluation examination shall be conducted in a laboratory setting and test the applicant's knowledge, understanding and judgment in the diagnosis and treatment of complete denture, partial denture and implant cases.

#### **§ 1032.3. Clinical Periodontics Examination.**

- (a) The clinical periodontics examination shall include a clinical periodontal examination and diagnosis and hand scaling of quadrant(s) as assigned or approved by the board. The term "scaling" includes the complete removal of explorer-detectable calculus, soft deposits and plaque, and smoothing of the unattached tooth surfaces. Unattached tooth surface means the portion of the crown and root surface to which no tissue is attached. Ultrasonic, sonic, handpiece-drive or other mechanical scaling devices may be used only at the direction of the Board. Additionally, the clinical periodontics examination shall include a written exercise using projected slides depicting clinical situations which shall test the applicant's ability to recognize, diagnose and treat periodontal diseases.
- (b) One patient shall be provided by the applicant for the clinical periodontal examination and diagnosis and scaling portions of the examination. The applicant shall provide full mouth radiographs of the patient, which shall consist of 18 radiographs of which at least four must be bite-wings. Radiographs must be of diagnostic quality and must depict the current condition of the patient's mouth. If a patient is deemed unacceptable by the examiners, it is the applicant's responsibility to provide another patient who is acceptable. An acceptable patient shall meet the criteria set forth in Section 1033.1 and the following additional criteria:
  - (1) Have a minimum of 20 natural teeth, of which at least four must be molar teeth.
  - (2) Have at least one quadrant with the following:
    - (A) At least six natural teeth;
    - (B) At least one molar, on bicuspid and one anterior tooth which are free of conditions which would interfere with evaluation, including but not limited to

- gross decay, faulty restorations, orthodontic bands, overhanging margins, or temporary restorations with subgingival margins. (Crowns with smooth margins are acceptable)
- (C) Interproximal probing depths of three to six millimeters, at least some of which must exceed three millimeters. A deviation of one millimeter from the above range is permissible;
  - (D) Explorer-detectable moderate to heavy interproximal subgingival calculus must be present on at least 50 percent of the teeth. Calculus must be radiographically evident.
- (c) If an applicant is unable to find a patient with one quadrant which meets the requirements of subsection (b)(2) above, the applicant may provide a patient in which those requirements can be found somewhere in two quadrants on the same side of the mouth rather than in one quadrant. However, an applicant who presents such a patient shall be required to scale all teeth in both quadrants in the same time allotted for scaling one quadrant.

#### **§ 1032.4 Clinical Amalgam Restoration and Composite Resin Restoration.**

- (a) Amalgam restoration. Each applicant shall complete to the satisfaction of the board one Class II amalgam restoration, in a vital posterior tooth, excluding the mandibular first bicuspid. The tooth involved in the restoration must have caries which penetrates the dento-enamel junction and must be in occlusion. Proximal caries must be in contact with at least one adjacent tooth. The tooth selected may have one existing single-surface restoration or sealant on the occlusal, buccal or lingual surfaces.
- (b) Composite resin restoration. Each applicant shall complete to the satisfaction of the board, one Class III or IV composite resin cavity preparation and restoration of a permanent incisor or canine. The tooth to be restored with a Class III or IV restoration must have proximal caries which penetrates the dento-enamel junction and the caries must be in contact with an adjacent tooth.
- (c) Radiographic requirements. Each applicant shall provide satisfactory periapical and bite-wing radiographs of the tooth to be treated for the amalgam restoration and a satisfactory periapical radiograph of the tooth to be treated for the composite resin restoration. All radiographs shall have been taken not more than six months prior to the examination at which they are presented and must depict the current condition of the patient's tooth.
- (d) Rubber dams. A rubber dam shall be used during the preparation of an amalgam restoration and the composite resin restoration. Amalgam preparation and the composite resin restoration shall be presented for grading with a rubber dam in place.
- (e) Altering preparations. A preparation which has been graded shall not be changed or altered by the examinee without the specific approval and signature of an examiner.
- (f) Pathological exposures. In the event of a pathological exposure during the amalgam preparation or the composite resin preparation, both the preparation and the restoration shall be graded.
- (g) Mechanical exposures. In the event of a mechanical exposure, completion of the clinical procedure will not be allowed for either the amalgam restoration or the composite resin restoration and the applicant will receive a grade of zero.

### **§ 1032.5 Clinical Simulated Fixed Prosthetics Examination.**

- (a) Each applicant shall prepare two abutments to retain a three-unit posterior fixed partial denture and a crown preparation on an anterior tooth. The two abutment preparations of the three-unit posterior fixed partial denture shall be a metal-ceramic retainer and/or complete metal crown retainer and/or a  $\frac{3}{4}$  crown retainer. Assignment of abutment preparations will be made at start of the prosthetics examination. The crown preparation on an anterior tooth shall be a metal-ceramic preparation.
- (b) Each applicant shall provide an articulated dentoform typodont which has 32 synthetic teeth and soft rubber gingivae. The typodont shall be an articulated Columbia typodont Nos. 560, 660, 860, 1360, or 1560, or Kilgore typodont D-95S-200 series or an equivalent in all respects.
- (c) The typodont shall be mounted in a manikin. The manikin must be mounted in a simulated patient position and kept in a correct operating position while performing examination procedures. The manikin will be provided at the test site and will be mounted either on a dental chair with a headrest bar or mounted on a simulator. The type of manikin mounted on a dental chair shall be a Columbia Aluminum head with metal cheeks, model number AH-1C-1 or its equivalent. The type of manikin mounted on a simulator shall be a Frasco phantom head P-5 with face mask or its equivalent.
- (d) Minimum equipment to be supplied with the dental chair or simulator at the test site shall be a dental operatory light, a high-speed air handpiece hose with water and airspray, a low-speed air handpiece hose, a three-way air-water dental syringe and an evacuation system.

### **§ 1033. General Procedures for Written and Laboratory Dental Licensure Examinations.**

The following rules, which are in addition to any other examination rules set forth elsewhere in this chapter, are adopted for the uniform conduct of all written and laboratory dental licensure examinations.

- (a) The ability of an examinee to read and interpret instructions and examination material is a part of the examination.
- (b) No person shall be admitted to an examination room or laboratory unless he or she is wearing the appropriate identification badge.
- (c) An examinee may be dismissed from the entire examination, and a statement of issues may be filed against the examinee, for acts which interfere with the board's objective of evaluating professional competence. Such acts include, but are not limited to, the following:
  - (1) Allowing another person to take the examination in the place of, and under the identity, of the examinee.
  - (2) Copying or otherwise obtaining examination answers from other persons during the course of the written examination.
  - (3) Bringing any notes, textbooks, unauthorized models, or other informative data into an examination room or laboratory.
  - (4) Assisting another examinee during the examination process.
  - (5) Copying, photographing or in any way reproducing or recording examination questions or answers.

### **§ 1033.1 General Procedures for Clinical Dental Licensure Examination.**

The following rules, which are in addition to any other examination rules set forth elsewhere in this chapter, are adopted for the uniform conduct of the clinical dental licensure examination.

- (a) Each examinee shall furnish patients, instruments, handpieces and materials, necessary to carry the procedures to completion.
- (b) A patient provided by an examinee shall be in a health condition acceptable for dental treatment. If conditions indicate a need to consult the patient's physician or for the patient to be premedicated (e.g. high blood pressure, heart murmur, rheumatic fever, heart condition, prosthesis), the examinee must obtain the necessary written medical clearance and/or evidence of premedication before the patient will be accepted. The examiners may, in their discretion, reject a patient who in the opinion of at least two examiners has a condition which interferes with evaluation or which may be hazardous to the patient, other patients, applicants or examiners. A hazardous condition includes, but is not limited to, acute symptomatic hepatitis, active herpetic lesions, acute periodontal or periapical abscesses, or necrotizing ulcerative gingivitis. In addition, a patient may be rejected when, in the opinion of at least two examiners, the proposed treatment demonstrates improper patient management, including but not necessarily limited to, contraindicating medical status of the patient, grossly pathologic or unhygienic oral conditions such as extremely heavy calculus deposits, other pathology related to the tooth to be treated, or cosmetic requirements. Whenever a patient is rejected, the reason for such rejection shall be noted on the examination record and shall be signed by both rejection examiners.
- (c) No person shall be admitted to the clinic unless he or she is wearing the appropriate identification badge.
- (d) The use of local anesthetics shall not be permitted until the patient has been approved by an examiner.
- (e) Only the services of registered dental assistants or dental assistants shall be permitted.
- (f) An assignment, which has been made by the board, shall not be changed by an examinee without the specific approval of the board.
- (g) An examinee may be dismissed from the entire examination, and a statement of issues may be filed against the examinee, for acts which interfere with the board's objective of evaluating professional competence. Such acts include, but are not limited to the following:
  - (1) Allowing another person to take the examination in the place of, and under the identity of, the examinee.
  - (2) Presenting purported carious lesions which are artificially created, whether or not the examinee created the defect.
  - (3) Presenting radiographs which have been altered, or contrived to represent other than the patient's true condition, whether or not the misleading radiograph was created by the examinee.
  - (4) Bringing any notes, textbooks, unauthorized models, periodontal charting information or other informative data into the clinic.
  - (5) Assisting another examinee during the examination process.
  - (6) Failing to comply with the board's infection control regulations.
  - (7) Failing to use an aspirating syringe for administering local anesthetic.
  - (8) Utilizing the services of a licensed dentist, dental school graduate, dental school student, registered dental hygienist in extended functions, registered dental hygienist, dental hygiene graduate, dental hygiene student, or registered dental



assistant in extended functions, or student or graduate of a registered dental assistant in extended functions program.

- (9) Treating a patient, or causing a patient to receive treatment outside the designated examination setting and timeframes.
- (10) Premedicating a patient for purposes of sedation.
- (11) Dismissing a patient without the approval and signature of an examiner.
- (h) An examinee may be declared by the board to have failed the entire examination for demonstration of gross incompetence in treating a patient.

#### **§ 1034. Grading of Examinations.**

- (a) Each examiner shall grade independently. Examinations shall be anonymous. An anonymous examination is one conducted in accordance with procedures, including but not limited to those set forth below, which ensure and preserve the anonymity of examinees. The board shall randomly assign each examinee a number, and said examinee shall be known by that number throughout the entire examination. The grading area shall be separated from the examination area by barriers which block the grading examiners view of examinees during the performance of the examination assignments. There shall be no communication between grading examiners and clinical floor examiners except for oral communications conducted in the presence of board staff. There shall be no communication between grading examiners and examinees except written communications on board approved forms.
- (b) The final grade of each examinee shall be determined by averaging the grades obtained in:
  - (1) Endodontics;
  - (2) Removable prosthodontics evaluation examination;
  - (3) Periodontics;
  - (4) Amalgam restoration;
  - (5) Composite resin restoration; and
  - (6) Clinical simulated fixed prosthetics preparations.
- (c) An examinee shall be deemed to have passed the examination if his/her overall average for the entire examination is at least 75% and the examinee has obtained a grade of 75% or more in at least four sections of the examination, except that an examinee shall not be deemed to have passed the examination if her or she received a score of less than 75% in more than one section of the examination in which a patient is treated.
- (d) The executive officer shall compile and summarize the grades attained by each examinee and establish the overall average of each examinee. He/she shall indicate on the records so compiled the names of those examinees who have passed or failed the examination and shall so notify each examinee.

#### **§ 1035. Examination Review Procedures; Appeals.**

- (a) An examinee who has failed an examination shall be provided with notice, upon written request, of those areas in which he/she is deficient in the clinical and restorative laboratory phases of such examination.
- (b) An unsuccessful examinee who has been informed of the areas of deficiency in his/her performance on the clinical and restorative laboratory phases of the examination and who has determined that one or more of the following errors was made during the course of his/her examination and grading may appeal to the board within sixty (60) days following receipt of his/her examination results:
  - (1) Significant procedural error in the examination process;
  - (2) Evidence of adverse discrimination;
  - (3) Evidence of substantial disadvantage to the examinee.

Such appeal shall be made by means of a written letter specifying the grounds upon which the appeal is based. The board shall respond to the appeal in writing and may request a personal appearance by the examinee. The board shall thereafter take such action as it deems appropriate.

#### **§ 1036. Remedial Education.**

An applicant who fails to pass the examination after three attempts shall not be eligible for further re-examination until the applicant has successfully completed the required additional education.

- (a) The course work shall be taken at a dental school approved by the Commission on Dental Accreditation or a comparable organization approved by the Board, and shall be completed within a period of one year from the date of notification of the applicant's third failure.
  - (1) The course of study shall be didactic, laboratory or a combination of the two. Use of patients is optional.
  - (2) Instruction shall be provided by a faculty member of a dental school approved by the Commission on Dental Accreditation or a comparable organization approved by the Board.
  - (3) Pre-testing and post-testing must be part of the course of study.
- (b) When an applicant applies for reexamination, he or she shall furnish evidence of successful completion of the remedial education requirements for reexamination.
  - (1) Evidence of successful completion must be on the certification of successful completion of remedial education requirements for reexamination eligibility (rev. 1) form that is provided by the board and submitted prior to the examination.
  - (2) The form shall be signed and sealed by the Dean of the dental school providing the remedial education course.

#### **§ 1004. Abandonment of Applications.**

- (a) An application shall be deemed to have been abandoned in any of the following circumstances:
  - (1) The applicant fails to submit the application, examination, or reexamination fee within 180 days after notification by the board that such fee is due and unpaid.
  - (2) The applicant fails to take the licensing examination within two years after the date his application was received by the board.
  - (3) The applicant, after failing the examination, fails to take a reexamination within two years after the date applicant was notified of such failure.
- (b) An application submitted subsequent to the abandonment of a former application shall be treated as a new application.